

**441—90.7 (249A) Appeal rights.**

**90.7(1) *Appeal to the provider.*** After notice of an adverse decision by the provider of targeted case management, the member or the member's representative may request an appeal as provided in the appeal process established by the provider agency.

**90.7(2) *Appeal to the department.*** After notice of an adverse decision by the department pertaining to authorization and need for service, the member or the member's representative may request reconsideration by the department by sending a letter to the department not more than 30 days after the date of the notice of adverse decision. The member or the member's representative may appeal an adverse reconsideration decision by the department as provided in 441—Chapter 7.

**90.7(3) *Appeal to the managed health care contractor.*** After notice of an adverse decision by a managed health care plan, the member or the member's representative may request a review as provided in rule 441—88.68(249A).

[ARC 7957B, IAB 7/15/09, effective 7/1/09]